

The Suicide Prevention and Risk Reduction Committee will host its next DoD Suicide Prevention conference at the Hard Rock Hotel and Casino, Hollywood, Florida during 6 - 10 Feb 2006. Just as previous years, the conference will bring many subject matter experts in the area of suicide prevention. Attendees will include senior officials from DoD and Army staff, programs managers, MH and BH professionals, Chaplains, and gatekeepers from across all Services to discuss issues affecting our efforts to minimize suicide behavior.

All are urged to join us at the conference to discuss issues that have a great impact on the well-being of our Soldiers, DA Civilians and their family members. Some of the issues to be presented include, but are not limited to:

- Surveillance Event Reports,
- deployment/redeployment issues,
- PTSD and suicide connections,
- PTSD and substance abuse connections,
- Epi-cons,
- investigating a suicide cluster,
- conducting post-suicide investigations,
- Inter-Service panel to discuss current and future suicide prevention,
- psychological autopsies,
- administration of suicide investigations,
- suicidality in recruits,
- the DoD-Veterans Affairs transition-how to get people into treatment, how to manage care during the transition period (include Reserve and Guard),
- suicides after discharge for disciplinary reasons (include Reserve and Guard),
- suicide prevention in theater,
- post-deployment interventions for Service members and their families,
- tools available to family members,
- how a family member's suicide impacts personal readiness,
- nomenclature issues, etc.

As of 5 Aug 2005, the Army sustained 33 confirmed and 16 pending determination cases. The current Active Army rate is 9.5; if all Active Army pending cases were to be determined by the Office of the Armed Forces Medical Examiner as confirmed suicides, the Active Army's rate per 100K would be 12.6. For CY05, eight of the 33 suicides were completed in theater (OIF). All but one Soldier completed suicide by means of GSW.

The majority of suicides continue to be completed by lower enlisted personnel in the ranks of PVT through Specialist. Of all the suicides, 55 % were completed by Soldiers 25 years old and younger. During these ages, suicides are more likely to be completed on impulse rather than completed with a well thought out suicide plan. To this effect, we must remain cognizant of the need to remind everyone, especially leaders across all units, to support our Soldiers and family members by developing their life-coping skills through awareness training, encouraging them to seek help, and by maintaining constant vigilance. Finally, 55 % of the suicides were completed by single Soldiers; and 76 % used firearms as their means to complete suicide. I asked that you "put your arm around" the leaders you serve and remind them of the need to develop well-defined procedures for registering and storing privately own

weapons, and to know if their Soldiers have access to personal firearms at their place of residence.

I would like to again remind you that the National Suicide Prevention week will be observed during 4-10 September 2005. Recommend you use this medium to share your ideas as far as your ongoing initiatives in support of the Suicide Prevention Program for your respective Installation/Command/Unit.

Last, but by no means least, I would like to extend my congratulations to TRADOC for the release of the video titled "SOLDIERS, Stress, and Depression: Profiles in Personal Courage".